

INSTRUCTOR APPLICATION FOR C. E. CREDIT

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|--------------------|--------------------|-------|----------|
| ADMINISTRATOR NAME | NHA LICENSE NUMBER | | |
| ADDRESS | CITY | STATE | ZIP CODE |

I certify that I have earned continuing education (CE) credit as an instructor of the following NHAP approved course:

| | |
|---|------------------------|
| COURSE PROVIDER | PROVIDER NUMBER |
| COURSE TITLE | HOURS INSTRUCTED |
| COURSE APPROVAL NUMBER | DATE(S) COURSE OFFERED |
| NAME AND LOCATION OF FACILITY AT WHICH TRAINING WAS CONDUCTED | |

PLEASE NOTE:

One (1) hour of credit shall be awarded for each classroom hour completed as an instructor of a NHAP approved course. No more than **sixteen (16)** classroom hours may be acquired during a two-year licensing period.

For Office Use Only

Information verified from training reports on file: ☐ YES ☐ NO

_____ hours of continuing education approved for the _____ renewal period.

Date course was approved _____.

The licensee is responsible for not claiming more than the maximum of 16 hours of continuing education allowed per renewal period.